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DEC 19 2000

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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TRADE
PATENT
O P E R A T I O N S
S E R V I C E S
**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number		ETS-TCA
First Named Inventor		Peter Brittingham
COMPLETE IF KNOWN		
Application Number	09 / 654,949	
Filing Date	September 1, 2000	
Group Art Unit	2171	
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Computer-Based, Test-Item Generation and Cloning

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

(if applicable).

Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label CN020061 OR Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) PeterFamily Name
or Surname BrittinghamInventor's
Signature12-13-2000
Date

Residence: City Titusville

State NJ

Country US

Citizenship

Mailing Address 7 Forrest Blend Drive

Mailing Address

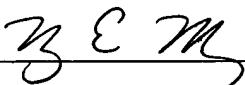
City Titusville

State NJ

ZIP 08560

Country US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) Mary E.Family Name
or Surname MorleyInventor's
Signature12/14/2000
Date

Residence: City Princeton Junction

State NJ

Country US

Citizenship USA

Mailing Address 72 Lillie Street

Mailing Address

City Princeton Junction

State NJ

ZIP 08550

Country US

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
James H.		Fife		
Inventor's Signature	<i>James H. Fife</i>			Date 12/14/00
Residence: City	Collegeville	State	PA	Country
				US
Citizenship USA				
Mailing Address 137 Juniper Court				
Mailing Address				
City Collegeville		State	PA	ZIP 19426
		Country US		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Robert L.		Rarich		
Inventor's Signature	<i>Robert L. Rarich</i>			Date 12-13-00
Residence: City	Titusville	State	NJ	Country
				US
Citizenship USA				
Mailing Address 12 Old Washington Crossing				
Mailing Address Pennington Road				
City Titusville		State	NJ	ZIP 08560
		Country US		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Irvin R.		Katz		
Inventor's Signature	<i>Irvin R. Katz</i>			Date 12/14/2000
Residence: City	Hopewell	State	NJ	Country
				US
Citizenship USA				
Mailing Address 155 Lambertville-Hopewell Road				
Mailing Address				
City Hopewell		State	NJ	ZIP 08525
		Country US		

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Randy E.		Bennett	
Inventor's Signature	<i>Randy E. Bennett</i>		Date 12/14/2000
Residence: City	Newton	State	PA
Country	US	Citizenship USA	
Mailing Address 3 Brynwood Lane			
Mailing Address			
City	Newton	State	PA
ZIP	18940	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mark G.		Zelman	
Inventor's Signature	<i>Mark Zelman</i>		Date 12/14/2000
Residence: City	Princeton	State	NJ
Country	US	Citizenship USA	
Mailing Address P.O. Box 1519			
Mailing Address			
City	Princeton	State	NJ
ZIP	08542	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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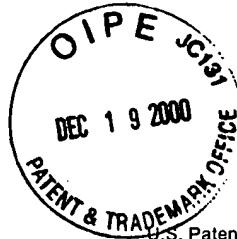
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mark Kevin		Singley	
Inventor's Signature	<i>Mark K. Singley</i>		Date 12/14/2000
Residence: City	State	Country	Citizenship
Skillman	NJ	US	USA
Mailing Address 18 Fieldstone Road			
Mailing Address			
City	State	ZIP	Country
Skillman	NJ	08558	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
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Inventor's Signature			Date
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Mailing Address			
Mailing Address			
City	State	ZIP	Country

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Krishna		Jha	
Inventor's Signature	<i>Urgya</i>		
Residence: City	Media	State	PA
Country	US	Date <i>12/15/00</i>	
Citizenship <i>USA</i>			
Mailing Address 35 Carnoustie Way			
Mailing Address			
City	Media	State	PA
ZIP	19063	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
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ZIP		Country	

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